



Michigan Department of Agriculture

Food Service Program Cycle 3 Assessment Forms

Food & Dairy Division
Michigan Department of Agriculture
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August 22, 2005

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Executive Summary

MPR	Status		Findings
	M/MC	NM/NA	
Plan Review			
1			
Inspections			
2			
3			
4			
5			
6			
7			
8			
Records			
9			
Enforcement			
10			
11			
12			
13			
14			
15			
Staff Training & Qualifications			
16			
17			
18			
Foodborne Illness Investigations			
19			
20			
Important Factors - Not Used To Determine Accreditation Status			
	M	NA	
Educational Outreach			
IF 1			
Follow-Up Inspections			
IF 2			
Continuing Education for Regulatory Staff			
IF 3			
Program Support			
IF 4			
Industry & Community Relations			
IF 5			
Quality Assurance Program			
IF 6			

M= Met
 MC= Met with Conditions
 NM= Not Met
 NA= Not Applicable

NOTE: Remember that CPA's must be written in the six element format described in Annex 1.

MPR Summary

MPR 1 Plan Review Summary

_____ of _____ files had no problems.

_____ % **compliance rate. 80% required.**

Specifics (Problem and number of times it occurred):

MET MC NM

MPR 2 Pre-Opening Inspections

_____ of _____ files had no problems.

_____ % **compliance rate. 80% required.**

Specifics (Problem and number of times it occurred):

MET MC NM

MPR 3 Inspection Frequency

Method 1 (Calculated from files)

MET MC NM

A. Number of facilities in sample meeting inspection frequency: _____

B. Number of facility files reviewed: _____

C. **Percent of files meeting inspection frequency $\{(A/B) \times 100\}$:** _____ % (MET= $\geq 80\%$, if $< 80\%$ complete D-F)

D. Number of insp. conducted on time from all files reviewed: _____

E. Number of insp. that should have been conducted: _____

F. **Percent of required inspections completed $\{(D/E) \times 100\}$:** _____ % (MC= C $< 80\%$ & F $\geq 80\%$)

Method 2 (Calculated from summary of all inspections performed)

A. Number of routine inspections completed during review period _____

B. Number of routine inspections due during review period _____

Percent $\{(A/B) \times 100\}$ _____ %

☐ ERBIS in place for this time period: _____ to _____

MPR 4 Vending Inspection Frequency

MET MC NM

Department's inspection plan:

☐ Every 6 months

☐ 1/3rd each year

☐ 1/10th each 6 months

Summary

A. # of vending location files that meet frequency	
B. # of vending location files reviewed	
C. Percent Compliance $\{(A/B) \times 100\}$ 80% required	%

Comments:

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

MPR 5 Temporary Food Service

MET MC NM

_____ of _____ files had no problems.
 Compliance = _____% **80% required.**

MPR 6 Inspection Procedures

MET MC NM

A. Files w/6 MET: _____ Fixed/Mobile/STFU/Vending + _____ Temporary files = _____ Total files w/no prob.
 _____ Total files w/ no problems / _____ Total files reviewed = _____% Compliance. **80% required for MET**

B. If compliance =<80%: _____ files w/no violation ID problems / _____ Total files= _____% Compliance.

If A=close to 80% and B is \geq 80% and approved forms are used, 6 is rated **MC**

Inspection problem specifics	Fixed/Mobile/STFU	Temporary	Vend	Total
The # of times each problem was found from all inspections reviewed. Total insp. reviewed=_____	#	#		#
Department uses unapproved inspection form				
Administrative info. not complete on inspection form				
Findings do not properly document and ID: C and NC				
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message				
Narrative does not state violations observed and corrections needed				
Correction time frames not specified				
Info. about corrective action is not described on the inspection report				
Report not signed and/or dated by Sanitarian		Noted under MPR 5		
Report not signed by establishment representative				

MPR 7 FIELD- Identification of Critical Inspections

MET MC NM

MPR 8 FIELD- Inspections Result in food Code Compliant Establishments

MET MC NM

MPR 9 Records

MET MC NM

MPR 10 Written Enforcement Policy, Proper Use

MET MC NM

_____ of _____ files had no problems.
 Compliance % _____ **80% required + acceptable policy**
 Enforcement Policy Comments: _____

MPR 11 Unauthorized Construction - Stop Work Order Usage

MET MC NM

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

MPR 12 FIELD-New Construction - Complies with law prior to licensure MET MC NM

MPR 13 License Limitations MET MC NM
 No reason for limiting license _____
 Proper notice not provided _____
 License application not appropriately completed _____

MPR 14 Variances MET MC NM
 special processing methods _____
 request in file ? _____
 citing relevant code section numbers ? _____
 department has formal procedure for issuing variance ? _____
 staff following procedure ? _____

MPR 15 Complaint Investigation MET MC NM
 _____ of _____ files had no problems.
 Compliance % _____ 80% required

MPR 16 New Staff- Academic Training in 5 Areas MET MC NM

MPR 17 New Staff- Inspections with Standardized Trainer MET MC NM

MPR 18 Other Staff- Training for Mobile, STFU, Vending and Temporaries MET MC NM

MPR 19 Foodborne Illness Investigations Conducted MET MC NM
 _____ of _____ files had no problems.
 Compliance % _____ 80% required

MPR 20 Foodborne Illness Procedures MET MC NM

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Important Factor I - Educational Outreach MET NA
 ___ Department not attempting to meet this IF

Important Factor II - Follow-Up Inspections MET NA
 ___ Department not attempting to meet this IF

A. Number of files with $\geq 80\%$ of required follow-ups completed w/in 30 days and critical corrections noted _____
 B. Number of files in sample _____
 Percent Compliance $\{(A/B) \times 100\}$ **80% required** _____

Important Factor III - Continuing Education of Regulatory Staff MET NA
 ___ Department not attempting to meet this IF

Important Factor IV - Program Support MET NA
 ___ Department not attempting to meet this IF

licensed establishments _____/150 = **A.** _____ recommended number FTE's
 _____/225 = **B.** _____ minimum number FTE's
 # temporary licenses issued _____/300 = **C.** _____ FTE's needed for temporary inspections
D. Total Minimum FTE's (B+C)= _____ **E.** Total Recommended FTE's (A+C)= _____
F. Actual FTE's assigned to FS program _____

Met if:
 ___ $F \geq E$ or ___ $F \geq D + 3, 4, 6, 8, 9, 16,$ and 20 M or MC

Important Factor V - Industry & Community Relations MET NA
 ___ Department not attempting to meet this IF

Important Factor VI - Quality Assurance Program MET NA
 ___ Department not attempting to meet this IF

___ 6,7,8,10,15,19 and 20 are M or MC (If this line not met no further review is needed)
 ___ Written quality assurance program developed
 ___ Quality assurance review conducted every 24 months
 ___ At least 10 inspection reports for each sanitarian's food insp. or FBI records have been reviewed
 ___ Every employee assigned to program has completed 2 joint inspections with trainer every 24 months

Food Service Assessment Forms Agency: _____
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Vending MPR 4,6,9

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company _____ Location _____

Dates	Activity Type	Freq. complies	App./ License/ Year	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Vend. Location files that meet freq.= _____ Total vend. locations reviewed= _____ %= _____

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

MPR 5, 6, 9 Temporary Food Worksheet *** GET ANNUAL # FROM QUAR. REPORT**

Note: Put letters in boxes as licenses are reviewed.

5	a.	Inspected prior to licensure, but not in advance of event being ready for inspection.
	b.	Application has sections A,B, food column of F and attachment A (when used) completed plus have application, inspection and license approval date plus sanitarian signature
	c.	License issued with no unresolved critical violations
6		See list in MPR indicator guide
9		Record retention adequate time. Files can be located for review.

Office	Year	License #	5	6	specific problem noted	# Reviewed/ issued:
						Year:
						Year:
						Year:
						Year:
						Notes (put MPR 9 problems here):
# / % reviewed with Problems						
# / % for year:						
# / % for year:						
# / % for year:						
	# / % for year:					
			M			
			NM			

MPR 15 Consumer Complaint Worksheet

Complaint ID	15 Log maintained & records available for review	15 Results recorded (or justification for no investigation)	15 Working Days from Receipt to Start of Investigation (Max. 5 working days allowed)	Met
				Not Met Problem
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
				Y
Total				
%				

Notes:

MPR 16 Staff Technical Training

Have new staff assigned to program during review period completed training in following within 12 months of assignment: 1. public health principles, 2. communication skills, 3. microbiology, 4. epidemiology, 5. food law, food code, related policies.?

MPR 17 Fixed Food Service Inspection Skills

Have new staff completed 25 joint training inspections with standardized trainer, 25 independent inspections reviewed by trainer, 5 evaluation inspections with trainer and have endorsement of trainer?

MPR 18 Specialty Food Service Inspection Skills

Do staff conducting mobile, STFU, vending or temporary inspections have endorsement by supervisor?

Agency:

Review Dates:

Review Period:

Reviewer(s):

Initial

MPR 19 & 20 Foodborne Illness Investigations Worksheet

Complaint ID	20 Complaint on log / Log Review Timely?	20 IAFP Procedures Used?	19 Invest. Initiated within 24 hours?	19 If Outbreak, Report to MDA w/in 90 Days of Closure?	Problem
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
Total					
%					

Notes:

20 - IAFP 5th edition on-site? _____

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

MPR's 1, 2, 6, 9, 11: Plan Review Worksheet

Facility Name: _____ Type: _____ ___ New ___ Remodeled

License year: _____ Insp. Date: _____ Date License Signed: _____

Indicator	Item Required	Status*	Notes	Problem
1	Application / Transmittal letter (new 1/01)			Y
1	Menu (new 8/86)			Y
1	Layout (floor) Plan			Y
1	Plumbing Plan			Y
1	Ventilation Hood shown (full plans needed for stfu's, mobiles)			Y
1	Lighting Plan &/or Specifications			Y
1	Scaled Drawings			Y
1	Completed Worksheet			Y
1	Equipment Specifications			Y
1	SOP's (10/04) Either note on reviewer's checklist, SOP cover sheet or note on pre-opening insp.			Y
1	Reviewer's checklist used (1/04)?			Y
1	Applicant informed of deficiencies? Deficiencies resolved in writing or on revised plans. Is the flow between reviewer and applicant clear?			Y
1	Formulas calculated, documented for hot water, dry storage, refrigeration? (needed, proposed, justification for differences)			Y
1	Approval letter in file? (describe project scope & reference to date on plans-1/04)		Date: _____	Y
11	Was facility constructed prior to approval? (Note if approvals issued very close to or after opening inspection)			Y
11	Stop work order used as needed? Did department take appropriate action once it became aware of illegal construction?			Y
2	Facility opened with NO critical items pending?			Y
2	Pre-opening inspection in file?			Y
2	Is inspection marked approved to open?			Y
2	Inspection dated on or before license approval date?			Y
6	Inspection on regular inspection form, properly completed, dated and signed?			Y
IFII	Follow-up inspection on separate form?			Y
9	Records		Records retained for: _____ years	Y

✓=yes, x=no, NA=not applicable

MPR

1 MET NM
 2 MET NM
 6 MET NM
 9 MET NM
 11 MET NM

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

MPR's 3, IFII, 6, 9, 10, 13, 14, Facility Folder Worksheet

3 Routines: _____ done- _____ late= _____ DONE / _____ DUE= _____ % Compliance Routine = M NM
 IFII FU: _____ done- _____ late= _____ DONE / _____ DUE= _____ % Compliance FUP = M NM
 6 _____ Insp. w/o MPR 6 errors/ _____ Total Inspections = _____ % Compliance Insp. = M NM
 9 M NM 10 M NM 13 M NM 14 M NM

Facility Name: _____ Type: Fixed Mobile STFU

Dates	Activity Type	Routine Freq.	Time Between	Notes	MPR	Problem
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y

License Year	License in File?	Date App. Signed	Findings	MPR	Problem
0__					Y
0__					Y
0__					Y

C Critical Violation OC Office Conference
 CATOI Corrected at time of inspection IH Informal Hearing
 R Routine Inspection Enf Enforcement Action
 FU Follow-up inspection V Violation

Routine Frequency: List the # of months scheduled between inspections (6,12,18 months or S for seasonal).

Time Between

Routine Inspection: List time (months) since last routine inspection if >1 month overdue.

Follow-up: List time in days from the most recent routine inspection or previous follow-up if > 30 days. Note when no FU or ENF was done when a FU or ENF was necessary. Note yes under problem when the routine is >1 month overdue for, if seasonal is not done once each operation period or the follow-up is >30 days. **Notes:** List any problem with inspections/licenses found. Note variances and if properly done. Files with no follow-ups due receive a met.

Agency:

Review Period:

Reviewer(s):

Initial

	Facility File Sample Size:	Plan Review Sample Size:
Office:		
Field:		

[illegible]

Office Worksheet – MPR 7, 8 (Field)

Establishment: _____ **Est #** _____ **LHD insp. dates:** _____

List LHD inspection notes on the Office Worksheet. Compare the MDA Field Inspection Report to the Office worksheet. Mark a corresponding box with an "X" if the LHD failed to identify a violation. Use a "✓" if the LHD also identified the violation. Use a "⊗" if formal enforcement is underway.

Principle		LHD Inspection Notes
Demonstration of Knowledge		
Consumer Advisory		
Employee Health – reporting, exclusion, restriction, eating, tasting, handling animals, smoking		
No Bare Hand Contact		
Handwashing – hands washed, handwashing procedures, sinks provided/located		
Date Marking-Discarding		
Food - Approved Source, shellstock tags, record parasite destruction, cross-contamination, condition, re-service, highly suscept. pop.		
Food Time/temp – cooking, cooling, hot/cold holding, reheating, time		
Food Contact Surfaces – material, cleanable, clean, frequency, maintenance		
Sanitization – temp, concentration, procedure,		
Chemical – food additives, sulfites, storage, approved labeling, medications		

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Establishment #: _____

LHD Inspection Notes

Pest Control – <i>minimized, animals</i>		
Water Supply / Sewage		
Plumbing–Cross Connect		
NON-CRITICAL		
Toilet/Lav Facilities – <i>accessible, signs, hot water, soap, vent towel, doors, covered recpt.</i>		
Personnel – <i>fingernails, jewelry, outer clothing, hair restraints</i>		
Food Protection - <i>thawing, covered, off floor, approved storage location, labeling,</i>		
Equip/Utensils – <i>nonfood contact: condition, materials, cleanliness // in-use storage, capacity, thermometer, handling, storage, vented, test kit tableware, warewashing</i>		
Linens, Wiping Cloths, Sponges		
Single Service / Single Use Items		
Physical Facility – <i>floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation from living quarters, laundry, plbg. maint., outer openings</i>		
Garbage and Refuse Storage / Disposal – <i>maintenance, facilities</i>		

Number of Critical Violations Missed (“X”s): _____ **PASS** **FAIL**

Individual Establishment: % = Percent of critical violations identified by LHD.

Example: One critical violation not identified = 93%.

PASS: 1 = 93%, 2 = 86%, 3 = 80%

FAIL: 4 = 71%, 5 = 64%, 6 = 57%, 7 = 50%, 8 = 43%, 9 = 36%, 10 = 29%, 11 = 21%, 12 = 14%

Field Inspection Report – MPR 7, 8

Establishment: _____ **Est #** _____ **CFM : Y N**

MDA Inspection Notes

Demonstration of Knowledge	
Consumer Advisory	
Employee Health – <i>reporting, exclusion, restriction, eating, smoking, tasting, handling animals</i>	
No Bare Hand Contact	
Handwashing – <i>hands washed, handwashing procedures, sinks provided / located</i>	
Date Marking-Discarding	
Food - <i>Approved Source, shellstock tags, record parasite destruction, cross-contamination, condition, re-service, highly suscept. pop.</i>	
Food Time/temp – <i>cooking, cooling, hot/cold holding, reheating, time</i>	
Food Contact Surfaces – <i>material, cleanable, clean, frequency, maintenance</i>	
Sanitization – <i>temp, concentration, procedure</i>	
Chemical – <i>food additives, sulfites, storage, approved labeling, medications</i>	

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Establishment #: _____

Pest Control – <i>minimized, animals</i>	
Water Supply / Sewage Disposal	
Plumbing / Cross Connection	
NON-CRITICAL	
Toilet/Lav Facilities – <i>accessible, signs, hot water, soap, vent, towel, doors, covered recp</i>	
Personnel – <i>fingernails, jewelry, outer clothing, hair restraints</i>	
Food Protection - <i>thawing, covered, off floor, approved storage location, labeling</i>	
Equip/Utensils – nonfood contact: <i>condition, materials, cleanliness // in-use storage, capacity, thermometer, handling, storage, vented, test kit tableware, warewashing</i>	
Linens, Wiping Cloths, Sponges	
Single Service / Single Use Items	
Physical Facility – <i>floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation from living quarters, laundry, plbg. Maint., outer openings</i>	
Garbage and Refuse Storage / Disposal – <i>maintenance, facilities</i>	

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Field Component Table MPR 7

Establishment Name / #	Pass Fail	
	Pass	Fail

Percent Pass	
---------------------	--

MPR is Met; Met w/ Conditions Not Met	
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Met: 80% of LHD inspections pass.
Met w/ Condition: 70 to 79% pass.
Not Met: Less than 70% pass.

MPR 8 Table

Establishment Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	%
Knowledge																											
Consumer Advisory																											
Employee Health																											
Bare Hand Contact																											
Handwash																											
Date Marking																											
Food																											
Time/temp																											
Food contact surf																											
Sanitize																											
Chemical																											
Pest Control																											
Water Sewage																											
Plbg. Cross connect																											
Toilet /Lav Facilities																											
Personnel																											
Food protection																											
Equip / Utensil																											
Linen, cloth, spoon																											
Single Service/use																											
Physical Facility																											
Garbage																											

- “X”s** denote violations found during the field evaluation by MDA
“√” denote violations also identified by the LHD
“⊗” denote violations for which formal enforcement is in progress (do not count towards determining % establishments in violation)
“%” means percent of establishments in violation

Data is obtained from each “Field Inspection Report – MPR 7, 8” in the sample.

Met – No violation category on MPR Table 8 is marked more than 40% of the time.

Met with Condition – Any critical violation category is marked between 40% and 59% on Table MPR 8.
OR any one non-critical violation category is marked more than 59% on table MPR 8.

Not Met –Any critical violation category on MPR Table 8 is marked 60% or more of the time.
OR any two or more non-critical violation categories on MPR Table 8 are marked 60% or more of the time.

This MPR is Met: _____, Met with Conditions _____, Not Met: _____

Food Service Assessment Forms Agency: _____
 Review Dates: _____ Review Period: _____ Reviewer(s): _____ Initial _____

Field New Construction Report – MPR 12

Establishment: _____ **Est. #** _____

Item	Viol.	Comments
Chemical		
Equipment/Utensils Material / Installation		
Food Display Protection		
Hand Sinks / Supplies		
Hot Holding Facilities		
Hot Water		
Laundry		
Lighting		
Mop Sink		
Outer Openings		
Personal Item Storage		
Plumbing		
Refrigeration		
Room Finishes		
Sewage Disposal		
Solid Waste		
Storage FUELSS		
Thermometers		
Toilets		
Ventilation		
Warewashing Equip		
Water Supply		

Total Number of violations: _____
 MPR 12: Pass _____ Fail _____ (3 or more construction violations)

New Construction Summary Table – MPR 12

Violation Categories	Estab. #	1	2	3	4	Total violations per category
Chemical						
Equipment/Utensils Material / Installation						
Food Display Protection						
Hand Sinks / Supplies						
Hot Holding Facilities						
Hot Water						
Laundry						
Lighting						
Mop Sink						
Outer Openings						
Personal Item Storage						
Plumbing						
Refrigeration						
Room Finishes						
Sewage Disposal						
Solid Waste						
Storage FUELSS						
Thermometers						
Toilets						
Ventilation						
Warewashing Equipment						
Water Supply						

Total violations / FSE				
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Data obtained from “Field New Construction Report – MPR 12”

Individual establishment pass/fail: 1 to 2 total violation categories = pass. 3 or more = fail.

Met: All 4 establishments pass and no violation category in the summary table is checked more than twice.

Met with Conditions: Three establishments pass - OR – Four establishments pass and one violation category in the summary table is checked three or four times.

Not Met: Two or less of the establishments pass – OR – More than one violation category in the summary table is checked three or four times.